



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

Section 1: Cover Sheet

Use this form to:

- 1) Register as a lobbyist in accordance with City Code Section 4-8-5;
- 2) Amend or update registration information previously provided in accordance with City Code Section 4-8-5;
- 3) Terminate registration as a lobbyist per City Code Section 4-8-5;
- 4) Report lobbying activities engaged in during the preceding calendar quarter in accordance with Section 4-8-6 of the City Code; or
- 5) For entities electing to register and report as a business entity per City Code Section 4-8-4, this form must be filled out for each individual lobbyist employed by the entity.

For detailed instructions on how to complete this form, see the **Lobbyist Reporting Form: Reporting Guide**

This form must be submitted in its original digital format. Please do not print or scan this form.

*****FOR BEST RESULTS, PLEASE USE ADOBE READER OR ADOBE ACROBAT WHEN FILLING OUT THE FORM.*****

LOBBYIST NAME	<table><tr><td>Title</td><td>First Name*</td><td>Middle</td></tr><tr><td></td><td>Michele</td><td></td></tr><tr><td>Last Name*</td><td colspan="2">Suffix</td></tr><tr><td>Lynch</td><td colspan="2"></td></tr></table> <p><input type="checkbox"/> My employer is a 501c(3) non-profit organization</p>	Title	First Name*	Middle		Michele		Last Name*	Suffix		Lynch		
Title	First Name*	Middle											
	Michele												
Last Name*	Suffix												
Lynch													
EMPLOYING ENTITY	<p><input checked="" type="checkbox"/> My employer is registered as a business entity, pays an entity registration fee, and is reporting on my behalf</p> <p>Entity/Organization Name*</p> <p>Metcalfe, Wolff, Stuart & Williams, LLP</p>												
LOBBYIST PERMANENT BUSINESS STREET ADDRESS	<table><tr><td>Permanent Business Street Address*</td><td colspan="2">Apartment or Suite Number</td></tr><tr><td>221 West 6th Street</td><td colspan="2">#1300</td></tr><tr><td>City*</td><td>State*</td><td>Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78701</td></tr></table>	Permanent Business Street Address*	Apartment or Suite Number		221 West 6th Street	#1300		City*	State*	Zip Code*	Austin	TX	78701
Permanent Business Street Address*	Apartment or Suite Number												
221 West 6th Street	#1300												
City*	State*	Zip Code*											
Austin	TX	78701											
LOBBYIST BUSINESS MAILING ADDRESS	<table><tr><td>Business Mailing Address*</td><td colspan="2">Apartment or Suite Number</td></tr><tr><td>221 West 6th Street</td><td colspan="2">#1300</td></tr><tr><td>City*</td><td>State*</td><td>Zip Code*</td></tr><tr><td>Austin</td><td>TX</td><td>78701</td></tr></table>	Business Mailing Address*	Apartment or Suite Number		221 West 6th Street	#1300		City*	State*	Zip Code*	Austin	TX	78701
Business Mailing Address*	Apartment or Suite Number												
221 West 6th Street	#1300												
City*	State*	Zip Code*											
Austin	TX	78701											



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*Required for Lobbyist Registration, Termination,
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REPORT TYPE *

Check all that apply

- ☐ I am registering as a new lobbyist
- ☐ I am renewing my annual lobbyist registration
- ☐ I am updating my current registration information of my most recent Quarterly Activity Report
- ☒ I am submitting my Quarterly Activity Report, including client compensation and expenditures, for the following activity reporting deadline:
- ☐ January ☒ April ☐ July ☐ October
- ☐ I am correcting the information provided on a previously filed report
- Previous Report Type: Previous Report Date:
- ☐ I am terminating my Lobbyist Registration with the City of Austin and this report is my final activity report.



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Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to site plan approval and permitting.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	1512 W. Koenig		
	City	State	Zip Code
	Austin	TX	78756
	Property Legal Description		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|--|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans) |
| <input type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input type="checkbox"/> Permits (Other) |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center | <input type="checkbox"/> Quality of Life Affairs |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Human Rights or Immigration | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to site plan and building plan approval and permitting.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. * If checked, either a property address or legal description is required.		
	Address 710 E. 41st St.		Suite or Apartment Number
	City Austin	State TX	Zip Code 78751
	Property Legal Description		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|---|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans) |
| <input type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input type="checkbox"/> Permits (Other) |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation | <input checked="" type="checkbox"/> Historic Preservation | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling |
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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to site plan approval and permitting related to demolition and historic review for HLC.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address 504 E. 5th St.		Suite or Apartment Number
	City Austin	State TX	Zip Code 78701
	Property Legal Description		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|---|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans) |
| <input type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input type="checkbox"/> Permits (Other) |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
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| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to rezoning and assistance with any site permitting.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	11500 Manchaca Rd.		
	City	State	Zip Code
	Austin	TX	78748
	Property Legal Description		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

☐ Accessibility or Persons with Disabilities

☐ Environmental Matters, Air or Water Quality, or Watershed Protection

☐ Permits (Building, Site Plans)

☐ Affordability

☐ Finance, Budget, or Investments

☐ Permits (Other)

☐ Animals

☐ Health, Healthcare, Mental Health, or Human Services

☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response

☐ Annexation

☐ Historic Preservation

☐ Public Utilities, Energy, Water, Solid Waste, or Recycling

☐ Arts, Music, Film, Cultural or Creative Industries

☐ Hospitality, Tourism, Events, or Convention Center

☐ Quality of Life Affairs

☐ Aviation

☐ Human Rights or Immigration

☐ Real Estate

☐ City Infrastructure or Public Works

☐ Labor or Workforce

☐ Rules, Proposed Rules, or Rule Making

☐ Civil Service, Municipal Employment, or Retirement Systems

☒ Land Development or Land Use

☐ Taxation or Fees

☐ Code Compliance

☐ Municipal Court

☐ Technology or Communications

☐ Construction

☐ Municipal Legislation

☐ Transportation or Mobility

☐ Contracts or Procurement

☐ Neighborhoods

☒ Zoning or Platting

☐ Diversity, Equity, or Inclusion

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to zoning application.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	9201 Circuit of the Americas Blvd.		
	City	State	Zip Code
	Austin	TX	78617
	Property Legal Description		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|--|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans) |
| <input type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input type="checkbox"/> Permits (Other) |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center | <input type="checkbox"/> Quality of Life Affairs |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Human Rights or Immigration | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input checked="" type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to site plan approval and permitting.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	4800 W. Howard Ln.		
	City	State	Zip Code
	Austin	TX	78728
	Property Legal Description		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|--|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input checked="" type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans) |
| <input type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input type="checkbox"/> Permits (Other) |
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| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to parkland dedication.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. * If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	5708 W. Parmer		
	City	State	Zip Code
	Austin	TX	78727
	Property Legal Description		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|---|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans) |
| <input type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input type="checkbox"/> Permits (Other) |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center | <input type="checkbox"/> Quality of Life Affairs |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Human Rights or Immigration | <input checked="" type="checkbox"/> Real Estate |
| <input type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
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| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to processing a permanent encroachment agreement.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	500 Congress Ave.		
	City	State	Zip Code
	Austin	TX	78701
	Property Legal Description		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|---|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans) |
| <input type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input checked="" type="checkbox"/> Permits (Other) |
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| <input type="checkbox"/> Annexation | <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center | <input type="checkbox"/> Quality of Life Affairs |
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| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
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| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input type="checkbox"/> Zoning or Platting |
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| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to site plan approval, permitting and PID bond issuance.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. * If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	City	State	Zip Code
	Austin	TX	78748
	Property Legal Description		
	Estancia Subdivision, I-35 south of Onion Creek Pkwy.		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|---|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans) |
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| <input type="checkbox"/> Aviation | <input type="checkbox"/> Human Rights or Immigration | <input type="checkbox"/> Real Estate |
| <input checked="" type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input checked="" type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input checked="" type="checkbox"/> Other: PID | |

Add Additional Municipal Question

Delete this page

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Lobbyist Reporting Form

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or Quarterly Activity Reporting

Section 2: Municipal Question

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- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to site plan approval and permitting.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	9701 Spectrum Dr.		
	City	State	Zip Code
	Austin	TX	78717
	Property Legal Description		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|---|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans) |
| <input type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input type="checkbox"/> Permits (Other) |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center | <input type="checkbox"/> Quality of Life Affairs |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Human Rights or Immigration | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to site plan approval and permitting.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	530 Bastrop Hwy.		
	City	State	Zip Code
	Austin	TX	78741
	Property Legal Description		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|---|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans) |
| <input type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input type="checkbox"/> Permits (Other) |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center | <input type="checkbox"/> Quality of Life Affairs |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Human Rights or Immigration | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

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To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to BOA review of appeal of use and site plan approval.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	8901 W. Hwy. 71		
	City	State	Zip Code
	Austin	TX	78735
	Property Legal Description		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|---|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans) |
| <input type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input checked="" type="checkbox"/> Permits (Other) |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center | <input type="checkbox"/> Quality of Life Affairs |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Human Rights or Immigration | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to site plan approval and permitting.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address 700 E. 11th St.		Suite or Apartment Number
	City Austin	State TX	Zip Code 78701
	Property Legal Description		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

☐ Accessibility or Persons with Disabilities

☐ Environmental Matters, Air or Water Quality, or Watershed Protection

☐ Permits (Building, Site Plans)

☐ Affordability

☐ Finance, Budget, or Investments

☒ Permits (Other)

☐ Animals

☐ Health, Healthcare, Mental Health, or Human Services

☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response

☐ Annexation

☐ Historic Preservation

☐ Public Utilities, Energy, Water, Solid Waste, or Recycling

☐ Arts, Music, Film, Cultural or Creative Industries

☐ Hospitality, Tourism, Events, or Convention Center

☐ Quality of Life Affairs

☐ Aviation

☐ Human Rights or Immigration

☐ Real Estate

☐ City Infrastructure or Public Works

☐ Labor or Workforce

☐ Rules, Proposed Rules, or Rule Making

☐ Civil Service, Municipal Employment, or Retirement Systems

☒ Land Development or Land Use

☐ Taxation or Fees

☐ Code Compliance

☐ Municipal Court

☐ Technology or Communications

☐ Construction

☐ Municipal Legislation

☐ Transportation or Mobility

☐ Contracts or Procurement

☐ Neighborhoods

☐ Zoning or Platting

☐ Diversity, Equity, or Inclusion

☐ Parks, Recreation, Libraries, or Museums

☐ Economic Development

☐ Other:

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to site plan approval and permitting including permanent encroachment agreement.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	1011 S. Congress		
	City	State	Zip Code
	Austin	TX	78704
	Property Legal Description		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|---|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans) |
| <input type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input checked="" type="checkbox"/> Permits (Other) |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services | <input checked="" type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center | <input type="checkbox"/> Quality of Life Affairs |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Human Rights or Immigration | <input checked="" type="checkbox"/> Real Estate |
| <input type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input checked="" type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

Add Additional Municipal Question

Delete this page



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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to Travis County PID.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	City	State	Zip Code
	Austin	TX	
	Property Legal Description		
	Master planned community on approximately 390 acres to be constructed south of Hwy. 71 and west of SH 130.		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|---|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans) |
| <input type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input type="checkbox"/> Permits (Other) |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center | <input type="checkbox"/> Quality of Life Affairs |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Human Rights or Immigration | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input checked="" type="checkbox"/> Other: PID | |

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To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to platting and site plan approvals and future PID bond issuance.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	City		State Zip Code
	Property Legal Description		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|---|--|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans) |
| <input checked="" type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input type="checkbox"/> Permits (Other) |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Historic Preservation | <input checked="" type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center | <input type="checkbox"/> Quality of Life Affairs |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Human Rights or Immigration | <input type="checkbox"/> Real Estate |
| <input checked="" type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input checked="" type="checkbox"/> Economic Development | <input checked="" type="checkbox"/> Other: PID | |

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SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to platting and site plan approvals and future PID bond issuance.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. * If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	City	State	Zip Code
	Austin	TX	
	Property Legal Description		
	Whisper Valley Subdivision, between FM 973 and Taylor Ln.		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

☐ Accessibility or Persons with Disabilities

☐ Environmental Matters, Air or Water Quality, or Watershed Protection

☒ Permits (Building, Site Plans)

☒ Affordability

☐ Finance, Budget, or Investments

☐ Permits (Other)

☐ Animals

☐ Health, Healthcare, Mental Health, or Human Services

☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response

☐ Annexation

☐ Historic Preservation

☒ Public Utilities, Energy, Water, Solid Waste, or Recycling

☐ Arts, Music, Film, Cultural or Creative Industries

☐ Hospitality, Tourism, Events, or Convention Center

☐ Quality of Life Affairs

☐ Aviation

☐ Human Rights or Immigration

☐ Real Estate

☒ City Infrastructure or Public Works

☐ Labor or Workforce

☐ Rules, Proposed Rules, or Rule Making

☐ Civil Service, Municipal Employment, or Retirement Systems

☒ Land Development or Land Use

☐ Taxation or Fees

☐ Code Compliance

☐ Municipal Court

☐ Technology or Communications

☐ Construction

☐ Municipal Legislation

☐ Transportation or Mobility

☐ Contracts or Procurement

☐ Neighborhoods

☒ Zoning or Platting

☐ Diversity, Equity, or Inclusion

☐ Parks, Recreation, Libraries, or Museums

☒ Economic Development

☒ Other: PID

Add Additional Municipal Question

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To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements review related to code compliance.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	10701 N. Mopac Expy.		
	City	State	Zip Code
	Austin	TX	78758
	Property Legal Description		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|---|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans) |
| <input type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input type="checkbox"/> Permits (Other) |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center | <input type="checkbox"/> Quality of Life Affairs |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Human Rights or Immigration | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input checked="" type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

Add Additional Municipal Question

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To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to rezoning.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. * If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	2105 W. Slaughter Ln.		
	City	State	Zip Code
	Austin	TX	78748
	Property Legal Description		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|---|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input type="checkbox"/> Permits (Building, Site Plans) |
| <input type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input type="checkbox"/> Permits (Other) |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center | <input type="checkbox"/> Quality of Life Affairs |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Human Rights or Immigration | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input checked="" type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

Add Additional Municipal Question

Delete this page

Page 21 of 50 Revised: 3/16/2018



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to alternative equivalent compliance.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	2425 E. Riverside Dr.		
	City	State	Zip Code
	Austin	TX	78741
	Property Legal Description		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

☐ Accessibility or Persons with Disabilities

☐ Environmental Matters, Air or Water Quality, or Watershed Protection

☒ Permits (Building, Site Plans)

☐ Affordability

☐ Finance, Budget, or Investments

☐ Permits (Other)

☐ Animals

☐ Health, Healthcare, Mental Health, or Human Services

☐ Public Safety, Policy, Fire, EMS, or Emergency Planning and Response

☐ Annexation

☐ Historic Preservation

☐ Public Utilities, Energy, Water, Solid Waste, or Recycling

☐ Arts, Music, Film, Cultural or Creative Industries

☐ Hospitality, Tourism, Events, or Convention Center

☐ Quality of Life Affairs

☐ Aviation

☐ Human Rights or Immigration

☐ Real Estate

☐ City Infrastructure or Public Works

☐ Labor or Workforce

☐ Rules, Proposed Rules, or Rule Making

☐ Civil Service, Municipal Employment, or Retirement Systems

☒ Land Development or Land Use

☐ Taxation or Fees

☐ Code Compliance

☐ Municipal Court

☐ Technology or Communications

☐ Construction

☐ Municipal Legislation

☐ Transportation or Mobility

☐ Contracts or Procurement

☐ Neighborhoods

☐ Zoning or Platting

☐ Diversity, Equity, or Inclusion

☐ Parks, Recreation, Libraries, or Museums

☐ Economic Development

☐ Other:

Add Additional Municipal Question

Delete this page

Page 22 of 50 Revised: 3/16/2018



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Entitlements related to building permit.		
PROPERTY ADDRESS OR LEGAL DESCRIPTION	<input checked="" type="checkbox"/> This municipal question pertains to real property. *If checked, either a property address or legal description is required.		
	Address		Suite or Apartment Number
	901 West Ave.		
	City	State	Zip Code
	Austin	TX	78701
	Property Legal Description		

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

- | | | |
|---|---|---|
| <input type="checkbox"/> Accessibility or Persons with Disabilities | <input type="checkbox"/> Environmental Matters, Air or Water Quality, or Watershed Protection | <input checked="" type="checkbox"/> Permits (Building, Site Plans) |
| <input type="checkbox"/> Affordability | <input type="checkbox"/> Finance, Budget, or Investments | <input type="checkbox"/> Permits (Other) |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Health, Healthcare, Mental Health, or Human Services | <input type="checkbox"/> Public Safety, Policy, Fire, EMS, or Emergency Planning and Response |
| <input type="checkbox"/> Annexation | <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> Public Utilities, Energy, Water, Solid Waste, or Recycling |
| <input type="checkbox"/> Arts, Music, Film, Cultural or Creative Industries | <input type="checkbox"/> Hospitality, Tourism, Events, or Convention Center | <input type="checkbox"/> Quality of Life Affairs |
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Human Rights or Immigration | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> City Infrastructure or Public Works | <input type="checkbox"/> Labor or Workforce | <input type="checkbox"/> Rules, Proposed Rules, or Rule Making |
| <input type="checkbox"/> Civil Service, Municipal Employment, or Retirement Systems | <input checked="" type="checkbox"/> Land Development or Land Use | <input type="checkbox"/> Taxation or Fees |
| <input type="checkbox"/> Code Compliance | <input type="checkbox"/> Municipal Court | <input type="checkbox"/> Technology or Communications |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Municipal Legislation | <input type="checkbox"/> Transportation or Mobility |
| <input type="checkbox"/> Contracts or Procurement | <input type="checkbox"/> Neighborhoods | <input type="checkbox"/> Zoning or Platting |
| <input type="checkbox"/> Diversity, Equity, or Inclusion | <input type="checkbox"/> Parks, Recreation, Libraries, or Museums | |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Other: | |

Add Additional Municipal Question

Delete this page

Page 23 of 50 Revised: 3/16/2018



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	<div>Client Title Client First Name* Middle</div> <div><input type="text"/> <input type="text"/> <input type="text"/></div> <div>Organization Name or Client Last Name, as applicable* Client Suffix</div> <div><input type="text"/> Allandale Real Estate, LLC c/o Ben Williams <input type="text"/></div>
CLIENT ADDRESS AND NATURE OF BUSINESS	<div>Client Business Address* Client Apartment or Suite Number</div> <div><input type="text"/> 10119 Lake Creek Pkwy. <input type="text"/> #201</div> <div>Client City* Client State* Client Zip Code*</div> <div><input type="text"/> Austin <input type="text"/> TX <input type="text"/> 78729</div> <div>Nature of Client's Business*</div> <div><input type="text"/> Real Estate Development</div>

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<div>Compensation Category* (\$) Exact Amount</div> <div><input type="text"/> less than \$10,000 OR <input type="text"/></div> <div>Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.</div> <div>If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):</div> <div><input type="text"/></div>
------------------------	--

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	<div>Client Title Client First Name* Middle</div> <div><input type="text"/> <input type="text"/> <input type="text"/></div> <div>Organization Name or Client Last Name, as applicable* Client Suffix</div> <div><input type="text" value="4100 Red River Holdings, LLC"/> <input type="text"/></div>
CLIENT ADDRESS AND NATURE OF BUSINESS	<div>Client Business Address* Client Apartment or Suite Number</div> <div><input type="text" value="1900 N. Akard St."/> <input type="text"/></div> <div>Client City* Client State* Client Zip Code*</div> <div><input type="text" value="Dallas"/> <input type="text" value="TX"/> <input type="text" value="75201"/></div> <div>Nature of Client's Business*</div> <div><input type="text" value="Real Estate Development"/></div>

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<div>Compensation Category* (\$) Exact Amount</div> <div><input type="text" value="less than \$10,000"/> OR <input type="text"/></div> <div>Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.</div> <div>If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):</div> <div><input type="text"/></div>
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Lobbyist Reporting Form

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or Quarterly Activity Reporting

Section 3: Client

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NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	<div>Client Title Client First Name* Middle</div> <div><input type="text"/> <input type="text"/> <input type="text"/></div> <div>Organization Name or Client Last Name, as applicable* Client Suffix</div> <div><input type="text" value="Allen Harrison Development, LLC"/> <input type="text"/></div>
CLIENT ADDRESS AND NATURE OF BUSINESS	<div>Client Business Address* Client Apartment or Suite Number</div> <div><input type="text" value="1800 Augusta Dr."/> <input type="text" value="#150"/></div> <div>Client City* Client State* Client Zip Code*</div> <div><input type="text" value="Houston"/> <input type="text" value="TX"/> <input type="text" value="77056"/></div> <div>Nature of Client's Business*</div> <div><input type="text" value="Real Estate Development"/></div>

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<div>Compensation Category* (\$) Exact Amount</div> <div><input type="text" value="less than \$10,000"/> OR <input type="text"/></div> <div>Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.</div> <div>If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):</div> <div><input type="text"/></div>
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Lobbyist Reporting Form

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CLIENT NAME	<div>Client Title Client First Name* Middle</div> <div><input type="text"/> <input type="text"/> <input type="text"/></div> <div>Organization Name or Client Last Name, as applicable* Client Suffix</div> <div><input type="text" value="Casa Garcia's"/> <input type="text"/></div>
CLIENT ADDRESS AND NATURE OF BUSINESS	<div>Client Business Address* Client Apartment or Suite Number</div> <div><input type="text" value="1901 W. William Cannon"/> <input type="text"/></div> <div>Client City* Client State* Client Zip Code*</div> <div><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78748"/></div> <div>Nature of Client's Business*</div> <div><input type="text" value="Real Estate Development"/></div>

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<div>Compensation Category* (\$) Exact Amount</div> <div><input type="text" value="less than \$10,000"/> OR <input type="text"/></div> <div>Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.</div> <div>If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):</div> <div><input type="text"/></div>
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Add Another Client Page

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NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	<div>Client Title Client First Name* Middle</div> <div><input type="text"/> <input type="text"/> <input type="text"/></div> <div>Organization Name or Client Last Name, as applicable* Client Suffix</div> <div><input type="text"/> <input type="text"/></div>
CLIENT ADDRESS AND NATURE OF BUSINESS	<div>Client Business Address* Client Apartment or Suite Number</div> <div><input type="text"/> <input type="text"/></div> <div>Client City* Client State* Client Zip Code*</div> <div><input type="text"/> <input type="text"/> <input type="text"/></div> <div>Nature of Client's Business*</div> <div><input type="text"/></div>

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<div>Compensation Category* (\$) Exact Amount</div> <div><input type="text"/> OR <input type="text"/></div> <div>Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.</div> <div>If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):</div> <div><input type="text"/></div>
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CLIENT NAME	<div>Client Title Client First Name* Middle</div> <div><input type="text"/> <input type="text"/> <input type="text"/></div> <div>Organization Name or Client Last Name, as applicable* Client Suffix</div> <div><input type="text" value="Clean Scapes"/> <input type="text"/></div>
CLIENT ADDRESS AND NATURE OF BUSINESS	<div>Client Business Address* Client Apartment or Suite Number</div> <div><input type="text" value="2631 Kramer Ln."/> <input type="text"/></div> <div>Client City* Client State* Client Zip Code*</div> <div><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78758"/></div> <div>Nature of Client's Business*</div> <div><input type="text" value="Real Estate Development"/></div>

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<div>Compensation Category* (\$) Exact Amount</div> <div><input type="text" value="less than \$10,000"/> OR <input type="text"/></div> <div>Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.</div> <div>If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):</div> <div><input type="text"/></div>
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Add Another Client Page

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For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	<div>Client Title</div> <div>Client First Name*<div>Middle</div></div> <div>Organization Name or Client Last Name, as applicable*<div>Client Suffix</div></div>
CLIENT ADDRESS AND NATURE OF BUSINESS	<div>Client Business Address*<div>Client Apartment or Suite Number</div></div> <div>Client City*<div>Client State*<div>Client Zip Code*</div></div></div> <div>Nature of Client's Business*<div></div></div>

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<div>Compensation Category*<div>less than \$10,000</div></div> <div>(\$)<div>Exact Amount</div><div>OR</div><div></div></div> <div>Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.</div> <div>If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):<div></div></div>
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Lobbyist Reporting Form

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Section 3: Client

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For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	<div>Client Title Client First Name* Middle</div> <div><input type="text"/> <input type="text"/> <input type="text"/></div> <div>Organization Name or Client Last Name, as applicable* Client Suffix</div> <div><input type="text"/> First Hartford Realty Corp. <input type="text"/></div>
CLIENT ADDRESS AND NATURE OF BUSINESS	<div>Client Business Address* Client Apartment or Suite Number</div> <div><input type="text"/> 149 Colonial Rd. <input type="text"/></div> <div>Client City* Client State* Client Zip Code*</div> <div><input type="text"/> Manchester <input type="text"/> CT <input type="text"/> 04045</div> <div>Nature of Client's Business*</div> <div><input type="text"/> Real Estate Development</div>

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<div>Compensation Category* (\$) Exact Amount</div> <div><input type="text"/> less than \$10,000 OR <input type="text"/></div> <div>Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.</div> <div>If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):</div> <div><input type="text"/></div>
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Section 3: Client

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NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME	<table><tr><td>Client Title</td><td>Client First Name*</td><td>Middle</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>Organization Name or Client Last Name, as applicable*</td><td colspan="2">Client Suffix</td></tr><tr><td><input type="text" value="GenCap"/></td><td colspan="2"><input type="text"/></td></tr></table>	Client Title	Client First Name*	Middle	<input type="text"/>	<input type="text"/>	<input type="text"/>	Organization Name or Client Last Name, as applicable*	Client Suffix		<input type="text" value="GenCap"/>	<input type="text"/>							
Client Title	Client First Name*	Middle																	
<input type="text"/>	<input type="text"/>	<input type="text"/>																	
Organization Name or Client Last Name, as applicable*	Client Suffix																		
<input type="text" value="GenCap"/>	<input type="text"/>																		
CLIENT ADDRESS AND NATURE OF BUSINESS	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td><input type="text" value="12750 Merit Dr."/></td><td colspan="2"><input type="text" value="#1175"/></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td><input type="text" value="Dallas"/></td><td><input type="text" value="TX"/></td><td><input type="text" value="75251"/></td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"><input type="text" value="Real Estate Development"/></td></tr></table>	Client Business Address*	Client Apartment or Suite Number		<input type="text" value="12750 Merit Dr."/>	<input type="text" value="#1175"/>		Client City*	Client State*	Client Zip Code*	<input type="text" value="Dallas"/>	<input type="text" value="TX"/>	<input type="text" value="75251"/>	Nature of Client's Business*			<input type="text" value="Real Estate Development"/>		
Client Business Address*	Client Apartment or Suite Number																		
<input type="text" value="12750 Merit Dr."/>	<input type="text" value="#1175"/>																		
Client City*	Client State*	Client Zip Code*																	
<input type="text" value="Dallas"/>	<input type="text" value="TX"/>	<input type="text" value="75251"/>																	
Nature of Client's Business*																			
<input type="text" value="Real Estate Development"/>																			

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td></td><td>(\$) Exact Amount</td></tr><tr><td><input type="text" value="less than \$10,000"/></td><td>OR</td><td><input type="text"/></td></tr><tr><td colspan="3">Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.</td></tr><tr><td colspan="3">If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):</td></tr><tr><td colspan="3"><input type="text"/></td></tr></table>	Compensation Category*		(\$) Exact Amount	<input type="text" value="less than \$10,000"/>	OR	<input type="text"/>	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):			<input type="text"/>		
Compensation Category*		(\$) Exact Amount														
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Lobbyist Reporting Form

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Section 3: Client

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NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME	Client Title	Client First Name*	Middle
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Organization Name or Client Last Name, as applicable*	Client Suffix	
	<input type="text" value="HPI Residential"/>	<input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*	Client Apartment or Suite Number	
	<input type="text" value="3700 N. Capital of TX Hwy."/>	<input type="text" value="#420"/>	
	Client City*	Client State*	Client Zip Code*
	<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78746"/>
	Nature of Client's Business*		
	<input type="text" value="Real Estate Development"/>		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*	(\$)	Exact Amount
	<input type="text" value="less than \$10,000"/>	OR	<input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
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CLIENT NAME	<div>Client Title Client First Name* Middle</div> <div><input type="text"/> <input type="text"/> <input type="text"/></div> <div>Organization Name or Client Last Name, as applicable* Client Suffix</div> <div><input type="text" value="The Jenkins Organization, Inc."/> <input type="text"/></div>
CLIENT ADDRESS AND NATURE OF BUSINESS	<div>Client Business Address* Client Apartment or Suite Number</div> <div><input type="text" value="2539 S. Gessner"/> <input type="text" value="#13"/></div> <div>Client City* Client State* Client Zip Code*</div> <div><input type="text" value="Houston"/> <input type="text" value="TX"/> <input type="text" value="77063"/></div> <div>Nature of Client's Business*</div> <div><input type="text" value="Real Estate Development"/></div>

Section 3b: Client Compensation

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or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	<div>Client Title Client First Name* Middle</div> <div><input type="text"/> <input type="text"/> <input type="text"/></div> <div>Organization Name or Client Last Name, as applicable* Client Suffix</div> <div><input type="text"/> Life Austin <input type="text"/></div>
CLIENT ADDRESS AND NATURE OF BUSINESS	<div>Client Business Address* Client Apartment or Suite Number</div> <div><input type="text"/> 1301 Capital of TX Hwy. <input type="text"/> #308</div> <div>Client City* Client State* Client Zip Code*</div> <div><input type="text"/> Austin <input type="text"/> TX <input type="text"/> 78746</div> <div>Nature of Client's Business*</div> <div><input type="text"/> Real Estate Development</div>

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<div>Compensation Category* (\$) Exact Amount</div> <div><input type="text"/> less than \$10,000 OR <input type="text"/></div> <div>Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.</div> <div>If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):</div> <div><input type="text"/></div>
------------------------	--

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	<div>Client Title Client First Name* Middle</div> <div><input type="text"/> <input type="text"/> <input type="text"/></div> <div>Organization Name or Client Last Name, as applicable* Client Suffix</div> <div><input type="text"/> Maple Multifamily TX Land TX, LP <input type="text"/></div>
CLIENT ADDRESS AND NATURE OF BUSINESS	<div>Client Business Address* Client Apartment or Suite Number</div> <div><input type="text"/> 3889 MAple Ave. <input type="text"/> #200</div> <div>Client City* Client State* Client Zip Code*</div> <div><input type="text"/> Dallas <input type="text"/> TX <input type="text"/> 75219</div> <div>Nature of Client's Business*</div> <div><input type="text"/> Real Estate Development</div>

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<div>Compensation Category* (\$) Exact Amount</div> <div><input type="text"/> less than \$10,000 OR <input type="text"/></div> <div>Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.</div> <div>If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):</div> <div><input type="text"/></div>
------------------------	--

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME	<table><tr><td>Client Title</td><td>Client First Name*</td><td>Middle</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td colspan="2">Organization Name or Client Last Name, as applicable*</td><td>Client Suffix</td></tr><tr><td colspan="2"><input type="text" value="Music Lane JV, LLC"/></td><td><input type="text"/></td></tr></table>	Client Title	Client First Name*	Middle	<input type="text"/>	<input type="text"/>	<input type="text"/>	Organization Name or Client Last Name, as applicable*		Client Suffix	<input type="text" value="Music Lane JV, LLC"/>		<input type="text"/>						
Client Title	Client First Name*	Middle																	
<input type="text"/>	<input type="text"/>	<input type="text"/>																	
Organization Name or Client Last Name, as applicable*		Client Suffix																	
<input type="text" value="Music Lane JV, LLC"/>		<input type="text"/>																	
CLIENT ADDRESS AND NATURE OF BUSINESS	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td><input type="text" value="500 W. 5th St."/></td><td colspan="2"><input type="text" value="#1210"/></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td><input type="text" value="Austin"/></td><td><input type="text" value="TX"/></td><td><input type="text" value="78701"/></td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"><input type="text" value="Real Estate Development"/></td></tr></table>	Client Business Address*	Client Apartment or Suite Number		<input type="text" value="500 W. 5th St."/>	<input type="text" value="#1210"/>		Client City*	Client State*	Client Zip Code*	<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78701"/>	Nature of Client's Business*			<input type="text" value="Real Estate Development"/>		
Client Business Address*	Client Apartment or Suite Number																		
<input type="text" value="500 W. 5th St."/>	<input type="text" value="#1210"/>																		
Client City*	Client State*	Client Zip Code*																	
<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78701"/>																	
Nature of Client's Business*																			
<input type="text" value="Real Estate Development"/>																			

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td></td><td>(\$) Exact Amount</td></tr><tr><td><input type="text" value="less than \$10,000"/></td><td>OR</td><td><input type="text"/></td></tr><tr><td colspan="3">Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.</td></tr><tr><td colspan="3">If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):</td></tr><tr><td colspan="3"><input type="text"/></td></tr></table>	Compensation Category*		(\$) Exact Amount	<input type="text" value="less than \$10,000"/>	OR	<input type="text"/>	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):			<input type="text"/>		
Compensation Category*		(\$) Exact Amount														
<input type="text" value="less than \$10,000"/>	OR	<input type="text"/>														
Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.																
If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):																
<input type="text"/>																

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period																		
CLIENT NAME	<table><tr><td>Client Title</td><td>Client First Name*</td><td>Middle</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>Organization Name or Client Last Name, as applicable*</td><td colspan="2">Client Suffix</td></tr><tr><td><input type="text" value="SH 71-130 Holdings, LLC"/></td><td colspan="2"><input type="text"/></td></tr></table>	Client Title	Client First Name*	Middle	<input type="text"/>	<input type="text"/>	<input type="text"/>	Organization Name or Client Last Name, as applicable*	Client Suffix		<input type="text" value="SH 71-130 Holdings, LLC"/>	<input type="text"/>							
Client Title	Client First Name*	Middle																	
<input type="text"/>	<input type="text"/>	<input type="text"/>																	
Organization Name or Client Last Name, as applicable*	Client Suffix																		
<input type="text" value="SH 71-130 Holdings, LLC"/>	<input type="text"/>																		
CLIENT ADDRESS AND NATURE OF BUSINESS	<table><tr><td>Client Business Address*</td><td colspan="2">Client Apartment or Suite Number</td></tr><tr><td><input type="text" value="13359 N. Hwy. 183"/></td><td colspan="2"><input type="text" value="#406"/></td></tr><tr><td>Client City*</td><td>Client State*</td><td>Client Zip Code*</td></tr><tr><td><input type="text" value="Austin"/></td><td><input type="text" value="TX"/></td><td><input type="text" value="78750"/></td></tr><tr><td colspan="3">Nature of Client's Business*</td></tr><tr><td colspan="3"><input type="text" value="Real Estate Development"/></td></tr></table>	Client Business Address*	Client Apartment or Suite Number		<input type="text" value="13359 N. Hwy. 183"/>	<input type="text" value="#406"/>		Client City*	Client State*	Client Zip Code*	<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78750"/>	Nature of Client's Business*			<input type="text" value="Real Estate Development"/>		
Client Business Address*	Client Apartment or Suite Number																		
<input type="text" value="13359 N. Hwy. 183"/>	<input type="text" value="#406"/>																		
Client City*	Client State*	Client Zip Code*																	
<input type="text" value="Austin"/>	<input type="text" value="TX"/>	<input type="text" value="78750"/>																	
Nature of Client's Business*																			
<input type="text" value="Real Estate Development"/>																			

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<table><tr><td>Compensation Category*</td><td></td><td>(\$) Exact Amount</td></tr><tr><td><input type="text" value="less than \$10,000"/></td><td>OR</td><td><input type="text"/></td></tr><tr><td colspan="3">Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.</td></tr><tr><td colspan="3">If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):</td></tr><tr><td colspan="3"><input type="text"/></td></tr></table>	Compensation Category*		(\$) Exact Amount	<input type="text" value="less than \$10,000"/>	OR	<input type="text"/>	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):			<input type="text"/>		
Compensation Category*		(\$) Exact Amount														
<input type="text" value="less than \$10,000"/>	OR	<input type="text"/>														
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If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):																
<input type="text"/>																

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	<div>Client Title Client First Name* Middle</div> <div><input type="text"/> <input type="text"/> <input type="text"/></div> <div>Organization Name or Client Last Name, as applicable* Client Suffix</div> <div><input type="text" value="Stratford"/> <input type="text"/></div>
CLIENT ADDRESS AND NATURE OF BUSINESS	<div>Client Business Address* Client Apartment or Suite Number</div> <div><input type="text" value="5949 Sherry Ln."/> <input type="text" value="#1750"/></div> <div>Client City* Client State* Client Zip Code*</div> <div><input type="text" value="Dallas"/> <input type="text" value="TX"/> <input type="text" value="75225"/></div> <div>Nature of Client's Business*</div> <div><input type="text" value="Real Estate Development"/></div>

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<div>Compensation Category* (\$) Exact Amount</div> <div><input type="text" value="less than \$10,000"/> OR <input type="text"/></div> <div>Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.</div> <div>If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):</div> <div><input type="text"/></div>
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* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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CLIENT NAME	<div>Client Title Client First Name* Middle</div> <div><input type="text"/> <input type="text"/> <input type="text"/></div> <div>Organization Name or Client Last Name, as applicable* Client Suffix</div> <div><input type="text" value="Taurus of Texas GP, Inc."/> <input type="text"/></div>
CLIENT ADDRESS AND NATURE OF BUSINESS	<div>Client Business Address* Client Apartment or Suite Number</div> <div><input type="text" value="9285 Huntington Sq."/> <input type="text"/></div> <div>Client City* Client State* Client Zip Code*</div> <div><input type="text" value="North Richland Hills"/> <input type="text" value="TX"/> <input type="text" value="76180"/></div> <div>Nature of Client's Business*</div> <div><input type="text" value="Real Estate Development"/></div>

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<div>Compensation Category* (\$) Exact Amount</div> <div><input type="text" value="less than \$10,000"/> OR <input type="text"/></div> <div>Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.</div> <div>If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):</div> <div><input type="text"/></div>
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* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	<div>Client Title Client First Name* Middle</div> <div><input type="text"/> <input type="text"/> <input type="text"/></div> <div>Organization Name or Client Last Name, as applicable* Client Suffix</div> <div><input type="text" value="Trammell Crow Residential"/> <input type="text"/></div>
CLIENT ADDRESS AND NATURE OF BUSINESS	<div>Client Business Address* Client Apartment or Suite Number</div> <div><input type="text" value="3889 Maple Ave."/> <input type="text" value="#200"/></div> <div>Client City* Client State* Client Zip Code*</div> <div><input type="text" value="Dallas"/> <input type="text" value="TX"/> <input type="text" value="75219"/></div> <div>Nature of Client's Business*</div> <div><input type="text" value="Real Estate Development"/></div>

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<div>Compensation Category* (\$) Exact Amount</div> <div><input type="text" value="less than \$10,000"/> OR <input type="text"/></div> <div>Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.</div> <div>If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):</div> <div><input type="text"/></div>
------------------------	--

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME	Client Title <input type="text"/>	Client First Name* <input type="text" value="Randall"/>	Middle <input type="text"/>
	Organization Name or Client Last Name, as applicable* <input type="text" value="Traywick"/>	Client Suffix <input type="text"/>	
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* <input type="text" value="1687 Lincoln Smith Rd."/>		Client Apartment or Suite Number <input type="text"/>
	Client City* <input type="text" value="Round Mountain"/>	Client State* <input type="text" value="TX"/>	Client Zip Code* <input type="text" value="78663"/>
	Nature of Client's Business* <input type="text" value="Real Estate Development"/>		

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* <input type="text" value="less than \$10,000"/>	OR	(\$) Exact Amount <input type="text"/>
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max): <input type="text"/>		

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	<div>Client Title Client First Name* Middle</div> <div><input type="text"/> <input type="text"/> <input type="text"/></div> <div>Organization Name or Client Last Name, as applicable* Client Suffix</div> <div><input type="text" value="Urban Genesis"/> <input type="text"/></div>
CLIENT ADDRESS AND NATURE OF BUSINESS	<div>Client Business Address* Client Apartment or Suite Number</div> <div><input type="text" value="600 Congress Ave."/> <input type="text"/></div> <div>Client City* Client State* Client Zip Code*</div> <div><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78701"/></div> <div>Nature of Client's Business*</div> <div><input type="text" value="Real Estate Development"/></div>

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<div>Compensation Category* (\$) Exact Amount</div> <div><input type="text" value="less than \$10,000"/> OR <input type="text"/></div> <div>Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.</div> <div>If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):</div> <div><input type="text"/></div>
------------------------	--

* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

Section 3: Client

Section 3a: Client Information

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NO CLIENTS TO REPORT	<input type="checkbox"/> I represented no clients and received no client compensation during the applicable reporting period
CLIENT NAME	<div>Client Title Client First Name* Middle</div> <div><input type="text"/> <input type="text"/> <input type="text"/></div> <div>Organization Name or Client Last Name, as applicable* Client Suffix</div> <div><input type="text" value="Woody Enterprises, LLC"/> <input type="text"/></div>
CLIENT ADDRESS AND NATURE OF BUSINESS	<div>Client Business Address* Client Apartment or Suite Number</div> <div><input type="text" value="805 West Ave."/> <input type="text"/></div> <div>Client City* Client State* Client Zip Code*</div> <div><input type="text" value="Austin"/> <input type="text" value="TX"/> <input type="text" value="78701"/></div> <div>Nature of Client's Business*</div> <div><input type="text" value="Real Estate Development"/></div>

Section 3b: Client Compensation

Disclosure of compensation received for each client is required for Quarterly Activity and/or Termination of Registration Reports
Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	<div>Compensation Category* (\$) Exact Amount</div> <div><input type="text" value="less than \$10,000"/> OR <input type="text"/></div> <div>Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.</div> <div>If you selected "I Decline/Refuse to Report", provide your reason(s) (250 char. max):</div> <div><input type="text"/></div>
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* Indicates a required field

Add Another Client Page

Delete this page



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting

Section 4: Employee

For each person employed or retained by the individual lobbyist for the purpose of assisting in or preparing for lobbying (excluding purely clerical or administrative assistance), provide a separate page with the information below (City Code Section 4-8-5(B)(4)(c)). If the lobbyist has retained no employees, leave this page blank.

For additional employees, click "Add Another Employee Page" below.

NO EMPLOYEES TO REPORT	<input type="checkbox"/> I employed or retained no employees during the applicable reporting period																		
PERSON EMPLOYED OR RETAINED	<table><tr><td>Title</td><td>First Name*</td><td>Middle</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>Last Name*</td><td>Suffix</td><td></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td></td></tr><tr><td>Employer*</td><td>Occupation*</td><td></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td></td></tr></table>	Title	First Name*	Middle	<input type="text"/>	<input type="text"/>	<input type="text"/>	Last Name*	Suffix		<input type="text"/>	<input type="text"/>		Employer*	Occupation*		<input type="text"/>	<input type="text"/>	
Title	First Name*	Middle																	
<input type="text"/>	<input type="text"/>	<input type="text"/>																	
Last Name*	Suffix																		
<input type="text"/>	<input type="text"/>																		
Employer*	Occupation*																		
<input type="text"/>	<input type="text"/>																		
BUSINESS ADDRESS	<table><tr><td>Business Address*</td><td>Apartment or Suite Number</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>City*</td><td>State* Zip Code*</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Business Address*	Apartment or Suite Number	<input type="text"/>	<input type="text"/>	City*	State* Zip Code*	<input type="text"/>	<input type="text"/>										
Business Address*	Apartment or Suite Number																		
<input type="text"/>	<input type="text"/>																		
City*	State* Zip Code*																		
<input type="text"/>	<input type="text"/>																		
MAYOR/COUNCIL RELATIVE OR HOUSEHOLD MEMBER	<p><input type="checkbox"/> Is the person identified above related (within the third degree of consanguinity) to the Mayor or a Council Member, or a member of their household, as defined in City Code Section 4-8-6(A)(5)?</p> <p>If yes, describe the nature of their employment *required if the above box is checked</p> <p><input type="text"/></p> <table><tr><td>First Name of Mayor/Council Member</td><td>Last Name of Mayor/Council Member</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	First Name of Mayor/Council Member	Last Name of Mayor/Council Member	<input type="text"/>	<input type="text"/>														
First Name of Mayor/Council Member	Last Name of Mayor/Council Member																		
<input type="text"/>	<input type="text"/>																		

* Indicates a required field

Add Another Employee Page

Delete this page



Lobbyist Reporting Form

*Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting*

Sections 5, 6 and 7 are for filing Quarterly Activity Reports or a Termination of Lobbyist Registration.

If you are not submitting this form during a quarterly activity reporting deadline or to terminate your lobbyist registration, proceed directly to Section 8: Declaration and Electronic Submission.



Lobbyist Reporting Form

*Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting*

Section 5: Statement of No Activity

STATEMENT OF NO EXPENDITURES MADE AND NO COMPENSATION RECEIVED

Lobbyists who have **no reportable activity** for the reporting period must submit a Statement of No Activity to the Clerk's Office (City Code Section 4-8-6(D)).

By checking the **No Activity Confirmation**, I affirm that I have no reportable activity during this reporting period, as defined by the four conditions below.

- I received no Client Compensation during this activity period (§4-8-6(A)(2)).
- I made no Expenditures for lobbying during this activity period (§4-8-6(A)(3)).
- I have not exchanged money, goods, services, or anything of value totaling more than \$500 with a business entity in which a City Official has a substantial economic interest during this reporting period (§4-8-6(A)(4)).
- I have no employees who are household members or related (within third degree of consanguinity or affinity) to the Mayor or a Council Member to report during this reporting period (§4-8-6(A)(5)).

No Activity Confirmation

☐ I have read the four conditions above and confirm that I have no reportable activity to disclose during this reporting period



Lobbyist Reporting Form

*Required for Lobbyist Registration, Termination,
or Quarterly Activity Reporting*

Section 6: Expenditure Totals

Provide the total amount of expenditures for lobbying, sub-totaled by the categories listed below. A blank value will be interpreted as \$0 spent in that particular category (§4-8-6(A)(3)).

Cumulative expenditures of more than \$50 by an individual lobbyist per day per City Official in the expense categories listed below must be itemized on an Expenditure page.

EXPENDITURE TOTALS (Blank values will be interpreted as \$0)	(\$) Reimbursement to Others	<input type="text"/>
	(\$) Food and Beverages	<input type="text"/>
	(\$) Transportation and Lodging	<input type="text"/>
	(\$) Gifts (other than Awards and Mementos)	<input type="text"/>
	(\$) Entertainment	<input type="text"/>
	(\$) Awards and Mementos	<input type="text"/>
	(\$) Honorariums	<input type="text"/>
	(\$) Attendance of Council Members at Charitable Events or Fundraisers	<input type="text"/>
	(\$) Media Communications (broadcast, print, advertising, etc.)	<input type="text"/>
	(\$) Payments to persons who assist with Media Communications as defined in §4-8-6(A)(3)(j)	<input type="text"/>



Lobbyist Reporting Form

Required for Lobbyist Registration, Termination,
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Section 7: Expenditure

For each itemized expenditure, provide a separate page with the information below. Cumulative expenditures of more than \$50 per day per City Official in the expense categories provided below must be itemized on an Expenditure Page (§4-8-6(A)(3)).

Per §4-8-6(A)(4), exchanges of money, goods, services, or anything of value to a business or business interest of a City Official that total \$500 or more during the reporting period must also be itemized on an Expenditure Page.

For additional expenditures, click "Add Another Expenditure Page" below.

PAYEE NAME AND BUSINESS INTEREST	<table><tr><td>Payee Title</td><td>Payee First Name*</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>Organization Name or Payee Last Name, as applicable*</td><td>Payee Suffix</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td colspan="2"><input type="checkbox"/> This payee is a business or business interest of a City Official</td></tr><tr><td>If yes, First Name of City Official</td><td>Last Name of City Official</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>Department of City Official</td><td>Job Title of City Official</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Payee Title	Payee First Name*	<input type="text"/>	<input type="text"/>	Organization Name or Payee Last Name, as applicable*	Payee Suffix	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> This payee is a business or business interest of a City Official		If yes, First Name of City Official	Last Name of City Official	<input type="text"/>	<input type="text"/>	Department of City Official	Job Title of City Official	<input type="text"/>	<input type="text"/>
Payee Title	Payee First Name*																		
<input type="text"/>	<input type="text"/>																		
Organization Name or Payee Last Name, as applicable*	Payee Suffix																		
<input type="text"/>	<input type="text"/>																		
<input type="checkbox"/> This payee is a business or business interest of a City Official																			
If yes, First Name of City Official	Last Name of City Official																		
<input type="text"/>	<input type="text"/>																		
Department of City Official	Job Title of City Official																		
<input type="text"/>	<input type="text"/>																		
PAYEE ADDRESS	<table><tr><td>Payee Address/ PO Box*</td><td colspan="2">Payee Apartment or Suite Number</td></tr><tr><td><input type="text"/></td><td colspan="2"><input type="text"/></td></tr><tr><td>Payee City*</td><td>Payee State*</td><td>Payee Zip Code*</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Payee Address/ PO Box*	Payee Apartment or Suite Number		<input type="text"/>	<input type="text"/>		Payee City*	Payee State*	Payee Zip Code*	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Payee Address/ PO Box*	Payee Apartment or Suite Number																		
<input type="text"/>	<input type="text"/>																		
Payee City*	Payee State*	Payee Zip Code*																	
<input type="text"/>	<input type="text"/>	<input type="text"/>																	
EXPENDITURE DETAILS	<table><tr><td>(\$) Expenditure Amount*</td><td>Expenditure Date*</td><td>Category*</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td colspan="3">Purpose of the Expenditure*</td></tr><tr><td colspan="3"><input type="text"/></td></tr></table>	(\$) Expenditure Amount*	Expenditure Date*	Category*	<input type="text"/>	<input type="text"/>	<input type="text"/>	Purpose of the Expenditure*			<input type="text"/>								
(\$) Expenditure Amount*	Expenditure Date*	Category*																	
<input type="text"/>	<input type="text"/>	<input type="text"/>																	
Purpose of the Expenditure*																			
<input type="text"/>																			

Identify each City Official who benefitted from or who may have been influenced by the expenditure, if applicable

City Official First Name	City Official Last Name	Department	Job Title

Add Another Expenditure Page

Delete this page

50 Revised: 3/16/2018



Lobbyist Reporting Form

*Required for Lobbyist Registration, Termination,
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Section 8: Declaration and Electronic Submission

DECLARATION

By my signature below and subject to the penalty of perjury, I swear or affirm that the facts provided in this Lobbyist Reporting Form are true and correct to the best of my knowledge and belief and include all information required to be reported by me pursuant to City Code, Chapter 4-8.

I understand that pursuant to §4-8-9(E) of the Austin City Code, this report is made under oath regardless of whether there is any jurat or affidavit of verification, including a signature.

Michele R. Lynch

Typed Name

4/10/2018

Report Date*

Electronic Submission and Signature

- ☒ I have completed a **Lobbyist Contact Information Form**, and my signature and e-mail address are both on file at the City Clerk's Office.

New or Renewing Lobbyist Registrations are not considered complete until the appropriate registration fee has been paid. If you are registering for the first time as a lobbyist or are renewing your annual registration, you must remit payment via cash, check, or money order.